



**COMMONWEALTH OF KENTUCKY**  
**Public Protection Cabinet**  
**Department of Housing, Buildings and Construction**  
**DIVISION OF BUILDING CODES ENFORCEMENT**  
**ELEVATOR SECTION**  
**101 Sea Hero Road, Suite 100**  
**Frankfort, Kentucky 40601-5412**  
**Telephone: 502-573-1694 Fax: 502-573-1059**



**ELEVATOR ALTERATION  
PERMIT APPLICATION**

Application is hereby made to the Division of Building Codes Enforcement, Elevator Section for the alteration of one unit as identified below:

**ASME A17.1**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Electric Elevator<br><input type="checkbox"/> Freight <input type="checkbox"/> Passenger  | <input type="checkbox"/> Screw Column Elevator     | <input type="checkbox"/> Private Residential Lift<br><input type="checkbox"/> Inclined Platform Lift<br><input type="checkbox"/> Inclined Wheelchair Lift<br><input type="checkbox"/> Stairway Lift<br><input type="checkbox"/> Vertical Wheelchair Lift     |
| <input type="checkbox"/> Hydraulic Elevator<br><input type="checkbox"/> Freight <input type="checkbox"/> Passenger | <input type="checkbox"/> Sidewalk Elevator         |  |
| <input type="checkbox"/> Hand Elevator   | <input type="checkbox"/> Special Purpose Personnel | <input type="checkbox"/> Non-Private Residential Lift<br><input type="checkbox"/> Inclined Platform Lift<br><input type="checkbox"/> Inclined Wheelchair Lift<br><input type="checkbox"/> Stairway Lift<br><input type="checkbox"/> Vertical Wheelchair Lift |
| <input type="checkbox"/> Inclined Elevator   | <input type="checkbox"/> Escalator                 |  |
| <input type="checkbox"/> Ltd Use/Ltd Access Application Elevator   | <input type="checkbox"/> Dumbwaiter (power)        |  |
| <input type="checkbox"/> Material Lift with Transfer Device  | <input type="checkbox"/> Rack & Pinion Elevator    | <input type="checkbox"/> Private Residential Elevator  |

**ASME B20.1**

- ☐ Vertical Reciprocating Conveyor

Speed (per minute):	fpm	Capacity:	lbs	Feet Unit Travels:	ft
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**DRIVE OR SUSPENSION MEANS**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Traction                | <input type="checkbox"/> Roped Hydraulic | <input type="checkbox"/> Rack & Pinion |
| <input type="checkbox"/> Direct-Plunge Hydraulic | <input type="checkbox"/> Geared          | <input type="checkbox"/> Rope-Sprocket |
| <input type="checkbox"/> Winding Drum            | <input type="checkbox"/> Level Hydraulic | <input type="checkbox"/> Coupling      |
| <input type="checkbox"/> Chain & Sprocket        | <input type="checkbox"/> Screw Column    | <input type="checkbox"/> Other         |

**UNIT IDENTIFICATION INFORMATION**

Initial Installation Date of Unit to be Inspected:	Date of Last Inspection of Unit to be Inspected:
Location of Unit to be Altered:	Unit is State Owned: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Alterations Proposed to Identified Unit (as detailed as possible; attach additional pages, if necessary):	
Owner of Unit:	Occupant of Facility in Which Unit Operates (if different than owner):
Elevator Company:	Inspection Requested by:
Elevator Contractor: Name: Address:  Email: Phone Number:	Elevator Contractor: Name: Address:  Email: Phone Number:
Elevator Contractor: Name: Address:  Email: Phone Number:	Elevator Contractor: Name: Address:  Email: Phone Number:

<b>For Office Use Only</b>		
Certificate Number:	Date:	BA #:
Number of Floors Unit Travels:	Number of Openings Front: Rear:	Manufacturer:
Horsepower of Motor:	Check Number for Application Payment:	Total Application Payment Amount:  \$
Fee Scheduled for Permit Application(s):  \$	HBC Personnel Approving Application:	Additional Notes: